

IHS Integrated Diabetes Education Recognition Program

Sample Consumer Satisfaction Survey

I. Please answer the following questions by placing a check (✓) in the box that most represents your response. The rating scale is as follows:

| | | |
|--|----------------------------------|----------------------|
| SD = Strongly Disagree D = Disagree | SA = Strongly Agree A = Agree | N/A = Not Applicable |
|--|----------------------------------|----------------------|

| | <u>SD</u> | <u>D</u> | <u>A</u> | <u>SA</u> | <u>NA</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. When I scheduled my appointment, I was satisfied with the way it was handled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am satisfied with the way the Diabetes Educators schedule my appointments by mail. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am satisfied with the way the Diabetes Educators schedule my appointments by telephone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When I arrived for my scheduled appointment, the Diabetes Educator greeted me with respect and courtesy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am satisfied with the waiting time I experienced with my appointment seeing the Diabetes Educator. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I was satisfied with the Diabetes Educator's explanation of why I had to wait. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My Diabetes Educator explained diabetes care and treatment information in a way that I understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The clinic was clean. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The clinic staff was organized. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The examining room's temperature was comfortable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. It was easy to find the Diabetes Educator. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. It was easy to find directions to other areas in the hospital/clinic. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I am confident the Diabetes Educators keep my medical history private. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | SD | D | A | SA | NA |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. The staff understood my need to have my family or relatives with me today. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Today, the following staff was courteous and respectful: (Discuss) | | | | | |
| a. Clerk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Nursing Staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Overall, I was satisfied with the diabetes education services I received today. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I was able to easily contact a diabetes educator when I needed help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Please answer the following questions.

- Have you attended a diabetes support group? Yes ____ No ____
If yes, tell us one thing you liked about the support group.

- Have you attended the diabetes group classes? Yes ____ No ____
If yes, tell us one thing you liked about the classes.

- Do you have any suggestions on how this clinic may improve the services provided to you today? (List education intervention specifics, such as group/support group/motivation/time & day of week)

- What did you like most about the diabetes education services?

- What did you like least about the diabetes education services?

- If you feel you were not satisfied with the services you received from the diabetes educators today, please tell us why?

III. The following questions are voluntary but very important because they will assist us to better interpret your answers. Please answer by writing in or placing a check (✓) next to the question, as appropriate.

1. What is your community, city or village of residence? _____
2. What is your Tribe? _____
3. Where is your Tribe located? _____
4. I am the ☐ Spouse ☐ Family Member ☐ Parent ☐ Legal Guardian
5. What is your sex? ☐ Female ☐ Male
6. What is the patient's age? ☐ 15-25 Yrs ☐ 26-55 Yrs ☐ 56 Yrs or More
7. In the last 6 months, I have been to this clinic: ☐ 1-3 Visits ☐ 4-6 Visits ☐ 6 or More

Primary Care Medical Clinic
(11/01)

Source: Phoenix Indian Medical Center (PIMC) DEPTH Program

IHS Integrated Diabetes Education Recognition Program Sample Consumer Satisfaction Survey

Please answer the following questions to let us know what you liked or didn't like about the program you just finished. We will use your suggestions to improve the program.

Circle the number that best describes how you feel.

| | <u>Agree</u> | | | <u>Disagree</u> | |
|---|--------------|---|---|-----------------|---|
| • The quantity of information I got was just right. | 1 | 2 | 3 | 4 | 5 |
| • The number of education sessions were right for the amount of information that was covered. | 1 | 2 | 3 | 4 | 5 |
| • The educators explained things to me in a way I could understand. | 1 | 2 | 3 | 4 | 5 |
| • The written materials I got were easy to read. | 1 | 2 | 3 | 4 | 5 |
| • The written materials I got were useful to me and my family. | 1 | 2 | 3 | 4 | 5 |
| • My questions were answered to my satisfaction. | 1 | 2 | 3 | 4 | 5 |
| • Scheduling appointments for the program was easy. | 1 | 2 | 3 | 4 | 5 |
| • This program has helped me to: | | | | | |
| ○ Feel better about my ability to take care of my diabetes. | 1 | 2 | 3 | 4 | 5 |
| ○ Feel better about my ability to make changes in my habits. | 1 | 2 | 3 | 4 | 5 |
| ○ Know how to get help with my diabetes care. | 1 | 2 | 3 | 4 | 5 |

Comments/Suggestions:

Thank You!

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Source: Phoenix Indian Medical Center (PIMC) DEPTH Program

Participant Evaluation of the Diabetes Self Care Class

Source: Albuquerque Service Unit Diabetes Program